

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE INTEREST OF

**Notice of Post-Disposition  
Change of Placement**

\_\_\_\_\_  
Name

- ☐ Out-of-home to Out-of-home  
☐ Out-of-home to In-home  
☐ In-home to In-home

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

1. ☐ a. The placement will be changed on (Date) \_\_\_\_\_, *which is 10 days after the notice was sent to the court.* This change ☐ was ☐ was not authorized by the original dispositional order.  
If you object to the change in placement, a written request for a hearing should be filed before the date listed above. Copies of the request for a hearing should be sent to all parties. If this change of placement was authorized in the current dispositional order, your request for a hearing must state information not known at the dispositional hearing.

Give reason for new placement, why it is preferable and how it satisfies treatment plan ordered by the court:

- ☐ b. The placement was changed on (Date) \_\_\_\_\_ due to emergency conditions necessitating an immediate change. *This notice was sent within 48 hours after the emergency change in placement.*  
If you object to the change in placement, a written request for a hearing must be filed with the court within 10 days after your receipt of the notice. Copies of the request for a hearing should be sent to all parties.

Give reason for new placement, describe emergency conditions necessitating an immediate change, why it is preferable and how it satisfies treatment plan ordered by the court:

2. Reasonable efforts to place the child/juvenile in a placement that enables the sibling group to remain together were  
☐ made by \_\_\_\_\_  
☐ not required because the child/juvenile does not have siblings in out-of-home care.  
☐ not required because it would be contrary to the safety or well being of the child/juvenile or any of the siblings because \_\_\_\_\_

3. Name and address of new placement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If placement continues to be outside the home, the parents/guardian/legal custodian/trustee may be required to pay support for the placement.

**DISTRIBUTION:**

1. Original – Court  
2. Child/Juvenile  
3. Parents/Guardian/Legal Custodian/Trustee  
4. Social Worker/District Attorney/Corporation Counsel  
5. Juvenile's Attorney/GAL  
6. Other: \_\_\_\_\_

\_\_\_\_\_  
Case Worker/District Attorney/Corporation Counsel

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date